

WISCONSIN DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Health Care Financing
1 W. Wilson St.
Madison WI 53702

To: FoodShare Wisconsin Handbook Users

From: Jim Jones, Director
Bureau of Eligibility Management

Re: **FS Handbook Release 06-03**

Release Date: 09/15/06
Effective Date: 09/15/06

**EFFECTIVE
DATE**

The following policy additions or changes are effective 09/15/06, unless otherwise noted. **Bold text denotes new text. Text with a strike through it denotes deleted text.**

**UPDATED
SECTIONS
OVERVIEW**

The following sections were edited in this release: 1.2.4.2; 2.1.1.1; 2.1.3.5; 2.1.3.6; 2.1.3.7; 2.1.4.1; 2.1.4.3; 3.2.1.5; 3.3.1.2; 4.3.4.1; 4.5.6.3; 4.6.4.1; 7.3.1.2; 7.3.2.5; 7.3.2.7; 7.4.1.2; 8.1.1; 8.1.2; 8.1.3; 8.1.4; 8.1.5; 8.1.7 and 8.1.8

**POLICY
CHANGES**

1.2.4.2

Clarification of policy

You may also use the Employer Verification Form- Earnings (EVF-E) to verify prospective income. However, this form is not mandatory for FS. An EVF-E is considered a valid source of earned income verification only if the form is returned as complete and contains the employers' signature.

2.1.1.1

Clarification of policy

The FoodShare application process includes:

1. Submitting a name, address, and signature on an initial application registration form to set a filing date through CARES client registration or using the FoodShare Wisconsin Registration Application Form (HCF 16019A or HCF 16019B),
2. Completing a face to face interview (~~2.1.4~~), unless a hardship situation ~~is documented exists~~ (**2.1.3.5**),
3. Verifying certain information (1.2.1), and confirming the FS eligibility determination in CARES (2.1.7).

2.1.3.5

Clarification of policy

Local agencies should waive the face to face (FTF) interview requirement in favor of a telephone interview in cases where:

- **A hardship situation exists, and/or**
- **All members are elderly or disabled and have no earned income.**

Clients who request a FTF interview must be granted one. Do not allow a telephone interview for FS food units that include an individual who has committed an Intentional Program Violation (3.14.1).

2.1.3.5 Cont.

A telephone interview ~~should~~ may be conducted instead of a FTF interview when an authorized representative (2.1.3.3) cannot be appointed and one of the following hardship circumstances exists:

1. The person applying cannot come to the office because he/she is elderly or disabled and no other food unit members are able to come to the office, or
2. No **responsible adult** food unit member is available to come to the office **during regular office hours** due to hardship **situations** such as:
 - a. illness,
 - b. severe weather,
 - c. ~~lack of~~ transportation **difficulties**,
 - d. ~~hours of~~ conflict with work, training or school hours,
 - e. **childcare issues**,
 - f. **caring for a HH member**,
 - g. **confidentiality concerns**,
 - h. **stigma from an office visit would deter HH from applying for benefits**, or
 - i. other hardship situation.

Keep in mind:**Note:-**

- **FTF interviews may be waived without exploring the option of utilizing an authorized representative.** Even if a household has an authorized representative, FTF interviews may be waived and a telephone interview conducted.
- Workers are not required to **question the hardship statement**. ~~query these households or their authorized representative to determine if they have any additional hardship that might make them eligible for a FTF interview waiver.~~
- **There is no requirement to verify a hardship statement.**
- **Document the hardship reason in case comments.**
- **When a FTF interview is waived, a telephone interview must be completed.** This includes priority service applications.
- **A waiver of the FTF interview (2.1.1.1) does not exempt the household from verification requirements (1.2.1), although special procedures may be used to permit the household to provide verification such as substituting a collateral contact (1.2.2.2) in situations where hard copies of documentation would normally be provided.**
- **Waiving the FTF interview does not exempt the household from signature requirements. A current signature submitted as part of an ACCESS application or a signed CAF for the current application or review is required.**
- **A waiver of a FTF interview does not affect the length of the certification period.**
- **Waiving the FTF interview does not affect the length of the certification period.**

~~Document on CARES screen CMCC the reason a FTF interview was waived. When a FTF interview is waived, a telephone interview must be completed. This includes priority service applications.~~

~~A waiver of the FTF interview (2.1.1.1) does not exempt the household from the verification requirements (1.2.1), although special procedures may be used to permit the household to provide verification and thus obtain its benefits in a timely manner, such as substituting a collateral contact (1.2.2.2) in cases where documentary verification would normally be provided. A waiver of the FTF interview may not affect the length of the household's certification period.~~

~~Do not allow a telephone interview for FS food units that include an individual who has committed an Intentional Program Violation (3.14.1).~~

2.1.3.6

Clarification of policy

At the start of the telephone interview, make a verbal agreement with the client that s/he will complete the application or recertification (2.2.1) interview over the phone. Document the agreement in case comments (~~CARES screen ACCC~~) and include the **hardship** reason for the ~~FS group was eligible for a telephone interview.~~

Go over the ~~CAF~~ **CAF application** with the client using the intake or review driver flows in the CARES system. Access the data exchange information for the case and act on any information that you find. If there are discrepancies in the information, resolve those differences during the interview and/or verification process. At the end of the interview, ~~review all information provided with the client~~ **advise the client about EBT training available through your local agency.**

2.1.3.7

Clarification of policy

If an e-signature is submitted as part of an ACCESS application this meets the signature requirement and the local agency does not need to obtain a signature on the paper CAF.

At the end of the telephone interview, the application or review must be signed by the client to be considered complete. If there is an e-signature on an ACCESS application or the client has signed the mail-in application/ review form for the current interview, you do not need to collect an additional signature. If there is not a signature for the current interview, instruct the client that you will be mailing the printed CAF to them for their signature. The CAF should be signed and returned to the agency within 10 days. The application or review is not complete until the signed CAF signature page is returned to the agency.

2.1.4.1

Clarification of policy

Previous

3. Their household includes a migrant/seasonal farm worker, their liquid assets are less than \$100, the source of their income is from a terminated source, and they don't expect to receive more than \$25 from a new source in the next ten days.

New

3. Their household includes a migrant/seasonal farm worker, **who is also defined as "destitute" by meeting all of the following criteria:**
 - a. **Liquid assets are less than \$100, and**
 - b. **Income prior to the month of application was from a terminated source, and**
 - c. **They don't expect to receive more than \$25 from a new source in the next ten days.**

2.1.4.3

Clarification of policy

Migrants are eligible for priority service if:

1. Income is less than \$150 gross, **and**
2. Available assets are \$100 or less.
3. **They meet the definition of "destitute" by meeting all three of the following criteria:**
 - a. Assets are \$100 or less, **and**
 - b. The only income received by the food unit prior to the application filing date was from a terminated source, **and**
 - c. The household does not expect to receive more than \$25 from a new source within 10 calendar days from the date of application.

3.2.1.5.3

Clarification of policy

Publicly operated mental health centers certified as drug and alcohol addiction treatment and rehabilitation programs are not institutions. DCS/BCP certifies these facilities. **State certification of these centers should not be confused with state licensing of drug and alcohol treatment centers. Such licensing is not required for FS eligibility.**

Furthermore, in order for residents of a drug and alcohol treatment center to be certified to receive FS the center must be:

1.
 - a. Tax exempt: and
 - b. Certified by the state as either receiving or eligible to receive or operating to further the purposes of part B of title XIX. This may include faith-based treatment centers.

Or

2. Authorized as a retailer by the FNS

To determine which substance abuse and mental health centers are listed as State Title XIX agencies go to <http://findtreatment.samhsa.gov/ufds/abusedirectors>.

Note: Faith-based treatment and rehabilitation facilities are not required by law or FNS regulation to allow residents to opt-out of religious programming or activities in order to participate in the FS program.

3.3.1.2

Clarification of policy.

Under certain specific circumstances, individuals and their spouses who are elderly and disabled may be a separate food unit, even if they are living and eating with others. See 5.2.1 for rules related to FS-E eligibility.

Note: The provision that allows EBD HH members who cannot purchase and prepare their meals separately does not take precedence over the basic HH composition provision which requires children under 22 years of age who reside with their EBD parent to be included in the same HH.

Example 2: Stella, who is over 60 years old and is disabled, allows her 19 year old daughter Gracie to move in with her. Although Stella and Gracie claim to purchase and prepare separately, they must be included in the same food group because elderly persons may not be separated from their children who are under 22 years of age.

4.3.4.1

Change in procedure

14. Child Support and family Support must be prorated among the members covered by the court order. ~~This means that~~ **If a Family Support order includes the custodial parent, the income proration probably would also include that e-custodial parent.** Child support is prorated for only the children covered by the court order. Maintenance is budgeted for the person actually receiving it. The most up-to-date information about Child Support and Maintenance ~~can be accessed through the KIDS system~~ **is auto populated on the CARES worker Web child support screen.**

4.5.6.3

Clarification of policy

Disregard repayments (not due to a FS IPV) from **out of pocket or from non-means** tested benefits **to repay an overpayment for a means-tested program.** ~~payable to the food unit that are paid out of pocket.~~

4.5.6.3 Cont.

An assistance payment is any benefit provided by a means tested program funded by federal, state, or local funds. Means tested programs are those which base eligibility on income and assets. These include, but are not limited to, W-2, **SSI** and the Refugee Assistance Program.

Example 2: Money taken from a non-means tested program (SSDI) or out of pocket payments used to repay an overpayment for a means-tested program (SSI) are not counted as income when determining FS eligibility. Budget the net SSDI.

4.6.4.1

Clarification of policy

Allowable Medical Expenses

Allow previously acquired charges (not yet paid) and **current** payments when calculating a medical expense deduction. Previously acquired charges include charges incurred anytime before or during the **eligibility certification** period, as long as the individual has an agreement to pay the charges and is still obligated for the expense.

Past unpaid medical bills can be used to prospectively budget recurring medical expenses at application or recertification.

One time medical expenses (i.e. hospital bills) can be budgeted for one month or averaged over the remaining certification period.

~~Payments include~~ **Medical expense** payments made ~~only~~ during the **eligibility certification** period **are allowable**. ~~Do not use~~ Medical expenses paid prior to the **eligibility certification** period **are not allowable**.

7.2.1

The PDF version of the EBT Guide was removed from the FoodShare handbook. To access the EBT guide you will now need to go to <https://prd.cares.wisconsin.gov/help/ebt/ebt.htm>. The EBT Guide will require a password.

7.3.1.2

Clarification of policy

All adult **or emancipated minor** food unit members at the time the overpayment occurred are liable for repayment of any overissued FoodShare benefits. If a liable individual moves to another household, the claim follows him/her to the new household. Also apply the claim to any remaining adult or **emancipated minor** food unit members. An individual living in the household, but not included in the food unit would not be responsible or liable for the overissuance to the food unit.

7.3.2.5

Clarification of policy

You must collect an IPV claim previously handled as a client error claim. Start the IPV procedure for collection whenever a client error is later determined to be an IPV.

1. **Enter IPV information in CARES** to recalculate the claim amount as an IPV type, and
2. Send the FS group a new Notice of FS Overissuance showing IPV as the reason, and
3. Send a new Notice of Repayment Agreement.

~~When an overissuance occurs because a food unit member intentionally did not report a change that was required to be reported, begin with the month you discover the overissuance and extend backward:~~

- ~~• Six years, or~~
- ~~• To the month the change would have been effective had the group timely reported it,~~

7.3.2.5 Cont.

~~whichever is most recent.~~

~~The month the change would have been effective cannot be more than 2 months after the change in circumstance actually occurred.~~

~~When an overissuance occurs because of an IPV, begin with the month you discover the overissuance and extend backward 6 years. Go back from the discovery date, not the hearing date.~~

IPV information is entered in CARES as soon as possible after the date of decision either by a worker or through the Data Exchange (DX) process for IPV's that have occurred in other states. Workers enter the type of offense on AIP as indicated in the legal IPV documents. When the sanction number and type of offense code are entered, CARES will automatically calculate the sanction duration period.

If the document does not contain the offense type, obtain more information from the party who issued the IPV. The Sanction Duration field should not be updated by workers unless it is necessary to override a sanction duration based on legal documents that indicate a different sanction duration period.

Sanction duration is the number of months a recipient is disqualified from receiving FS. Code 999 is permanent disqualification. No sanction end date will appear if the sanction duration is 999.

7.3.2.6

Policy Update for Allotment Reduction

2. IPV. CARES will reduce the allotment by the greater of 20% of the group's monthly entitlement or \$420 each month. The entitlement is the amount of benefits the group would have received if not for the disqualification of a FS group member. The \$10 minimum benefit level for 1 or 2 person groups applies before CARES reduces the allotment.

CARES will not allow you to reduce the minimum deduction to less than \$10 for Client/Nonclient and less than \$20 for an IPV.

7.4.1.2

Clarification of policy

~~Calculate the allotment the FS group should have received. Restore the difference between the actual issued allotment and the correct allotment. Issue the restored benefits in addition to the group's regular allotment.~~

~~Calculate the underissuance amount for each month the group was, or should have been, eligible. Request any verification necessary to determine correct eligibility and benefit amounts. If requested verification is not provided in 10 days, a restoration is not made for the months the requested verification would have impacted eligibility or benefit amounts.~~ **Use the food unit's actual income and expenses reported or required to be reported for each month of the adjustment period.**

To calculate an underissuance:

- **Use the actual income amounts for any reported source of income.**
- **Use the actual amounts for a source of income if the source of income was unreported, but was required to be reported.**
- **Do not use the income in the calculation if the source of income was not reported and was not required to be reported.**
- **The above policy also applies to expenses.**

Request any verification necessary to determine correct eligibility and benefit amounts. If requested verification is not provided in 10 days, a restoration is not made for the months the requested verification would have impacted eligibility or benefit amounts.

8.1.1; 8.1.2;
8.1.3; 8.1.4;
8.1.5; 8.1.7 and
8.1.8

Tables Updated